

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16301

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4514

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
25018 Rutger  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs.  
years, months or days

3. (a) PRINT FULL NAME Thena Edmonds

3. (b) If veteran, name war No 3. (c) Social Security No. 110

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced W  
6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive 6 years  
7. Birth date of deceased Apr 23 1884  
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Jim Tatum

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Gyeka

(b) Address 2018 Rutger St

17. (a) Removal (b) Date thereof 5-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Union City Tenn

18. (a) Signature of funeral director Howard A. Rowland

(b) Address 4355 Washington

19. (a) MAY 16 1944 (b) J. F. Brundage  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2018 Rutger  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year \_\_\_\_\_ hour \_\_\_\_\_ minute 2 M. a  
21. I hereby certify that I attended the deceased from only on May 12, 1944,  
that I last saw her alive on May 12, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac disease  
Due to coronary pneumonia  
Due to coronary pneumonia  
Other conditions hypertension  
(Include pregnancy within 3 months of death)  
Major findings: coronary pneumonia  
Of autopsy none

Duration (?)  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. H. Clethero (M. D. or other) \_\_\_\_\_  
Address 206 Carleton Bldg Date signed 5-13-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Howard A. Rowland*

Licensed Embalmer No. ....

*3114*

P. O. Address.....

*Othello Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**